

**REVOCATION OF POWER OF ATTORNEY  
WITH NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE  
ADDRESS**

Application Number	10/812723
Filing Date	March 29, 2004
First Named Inventor	BUTTERFIELD, ROBERT D., et al.
Title	INFUSION DATA COMMUNICATION SYSTEM
Art Unit	3626
Examiner Name	SEREBOFF, NEAL
Attorney Docket Number	080623-0565

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

80236

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with Customer Number:

80236

OR

Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	May 27, 2009
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Name	Joan B. Stafslien	Telephone	858.643.1400
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Title and Company	Senior Vice President & General Counsel, Cardinal Health 303, Inc.		
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of \_\_\_\_\_ forms are submitted.